

MAY 18 2006

05/18/2006 23:53 FAX 4107410973

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FACSIMILE TRANSMITTAL

TO

Name: USPTO

Date: May 18, 2006

Fax No.: 571.273.8300

Subject: U.S. Application Number 10/693,082

FROM

Name: Jay A. Stelacone

Phone No.: 410-741-0973

Fax # Verified by: JAS

Pages (incl. this): 16

Attorney Docket No.: 0023.0017

PLEASE DATE-STAMP TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

In Re Application of: Wilmer L SIBBITT, Jr.

Application No.: 10/693,082

Group Art Unit: 3763

Filed: October 27, 2003

Examiner: Cris Rodriguez

For: COLORFUL SHIELDED RECIPROCATING BUTTERFLY NEEDLE

1. Transmittal Form (1 page)
2. Petition for Extension of Time – 1 month (1 page)
3. Reply to Office Action (11 pages)
4. Fee Transmittal (1 page)
5. Credit Card Payment Form (1 page)

Due Date: N/A

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MAY 18 2006

PTO/SB/21 (09-04) (modified)
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

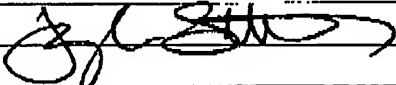
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/693,082
		Filing Date	October 27, 2003
		First Named Inventor	Wilmer L. SIBBITT, Jr.
		Art Unit	3763
		Examiner Name	Cris Rodriguez
Total Number of Pages in This Submission	15	Attorney Docket Number	0023.0017

ENCLOSURES (Check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal (1 page)
<input checked="" type="checkbox"/> Credit Card Payment Form (1 page)
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<input checked="" type="checkbox"/> Petition for Extension of Time – 1 month(s) (1 page)
<input type="checkbox"/> Information Disclosure Statement (2 pages)
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<input type="checkbox"/> Copy(ies) of Document(s) Listed on Form PTO/SB/08A (pages)
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<input type="checkbox"/> Fully-Executed Declaration (pages)
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<input type="checkbox"/> Revocation of Power of Attorney, Grant of New Power of Attorney, and Change of Correspondence Address (pages) | <input type="checkbox"/> Drawings – FIGS. 1- (pages)
<input type="checkbox"/> Petition (pages)
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<input type="checkbox"/> Status Inquiry (pages)
<input type="checkbox"/> Change of Attorney Docket Number (page)
<input type="checkbox"/> Other Enclosure(s):

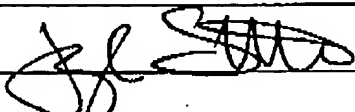
Remarks: |
|--|--|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Thomas M. Isaacson		
Signature			
Printed Name	Jay A. Stelacone		
Date	May 18, 2006	Reg. No.	42,168

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this Transmittal Form and the above-identified correspondence are being facsimile transmitted to the USPTO's Central FAX Number (571-273-8300) on the date shown below:

Signature			
Typed or printed name	Jay A. Stelacone	Date	May 18, 2006

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0861-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 60.00

Complete if Known

Application Number 10/693,082
Filing Date October 27, 2003
First Named Inventor Wilmer L. SIBBITT, Jr.
Examiner Name Cris Rodriguez
Art Unit 3763
Attorney Docket No. 0023.0017

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 50-2960 Deposit Account Name: Isaacson Law Office
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims Extra Claims Fee (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims
Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time fee - 1 month

\$60.00

SUBMITTED BY

Signature _____ Registration No. 42,188 Telephone 410-414-3056
Name (Print/Type) Jay A. Stelaone Date May 18, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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